

# **Data Entry of HUSKY C and MSP Referrals**

Process & Procedure Guide

## Document Controls

### Document Purpose

The purpose of the *Tier-1 Husky C and Medicare Saving Plan (MSP) Referrals* Process and Procedure Guide is to describe the details of the tasks performed to register applications for non-MAGI Medicaid programs into the DSS eligibility and case management systems.

### Intended Audience

The expected audience for this document includes:

1. DSS Management
2. DSS Cadres
3. Operational trainers
4. Operational staff as required

### Version Control

Version	Date	Author(s)	Change
<b>1.0</b>	1/31/2017	DSS	Initial version.
<b>1.1</b>	9/27/2018	Fran Kula	Removed references to EMS Updated some details

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## Process Overview

### High Level Description

The HIX/Tier-1 system is used to determine Modified Adjusted Gross Income (MAGI) based Medicaid (HUSKY) coverage. Per regulatory requirements it is necessary to screen individuals denied for MAGI-based coverage and determine if they could be eligible for Medicaid under a different (non-MAGI) Medicaid basis.

The core of the eligibility screening process is a weekly report that lists individuals denied for MAGI-based coverage and who have indicators of age (65 or older), disability or Medicare enrollment. In a separate process, outside of this scope of work, the individuals on the report are mailed supplemental forms to gather the information necessary to make a Medicaid determination on a non-MAGI basis.

The manual process described in this guide exists to register the screened individuals in the DSS non-MAGI eligibility system called ImpaCT. This registration serves to lock in the original application date should the supplemental forms be returned and be processed by DSS.

The non-MAGI Medicaid determination includes HUSKY C (on the basis of age or disability) and Medicare Savings Program (MSP) categories (based on receipt of Medicare).

## Process Details

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### Retrieve Processing List

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The HIX/Tier-1 screening report/file is provided weekly (usually on a Monday) via Secure File Transfer Protocol (SFTP).

The processing is time critical. Any delay in processing the report in the expected three day timeframe must be conveyed to DSS within 24 hours via email sent to the Medicaid Administration Manager.

Note that DSS maintains the discretion to allow additional processing time for each instance where the initial “three-day time frame” cannot be met.

Load the processing list to the tracker so that workers can pull tasks and record outcomes.

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### Process Each Client in ImpaCT

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1. Perform applicant search in ImpaCT.
  - If the applicant is known to ImpaCT and is reflected in the search results, select the appropriate applicant and click “Next”.
  - If the applicant is not known in the system (New Client), they will need to be added.
2. The process of loading new non-MAGI applications in ImpaCT is known as “App Registration”. These are the steps for App Registration:
  - a) For a new client, enter and submit applicant information such as name, address, phone number, sex, date of birth, social security number etc. The file will have one line item for each individual applicant. Within the individual applicant record, other non-applicant household members may be listed as part of the household and will need to be considered during the Application Registration process. In these scenarios, load the associated, non-applicant member(s) on the application, with their own individual demographic information. If the file indicates an applicant has an Authorized Representative, the Authorized Representative’s name and address will also need to be added during the Application Registration process per regulatory mandates. The Authorized Representative will have received the supplemental form too. Please refer to [Appendix A](#) for the full list of ImpaCT screens/field mapping and their processing instructions.
  - b) Upon application registration, if an applicant has an associated case, a message “Case involvement. Do you want to associate the case” will appear on the screen. Click “Yes” to associate the applicant to the existing case. However, if the case number begins with #7000, select “No” to the above message to allow system to create a new case.
  - c) Enter case notes after creating case associations. The functionality to add case notes is only available while associating the applicants to an existing case. If a new case is created, case notes functionality is not available; workers should proceed to the next step. Use the following standard format to add case note: include prefix of the organization name (e.g., ACME) before the comment and always add the details as listed below in the example:

“Organization name: HUSKY C application received and registered. App filing date: <APPLN FILING DT2>AHCT App ID: <APPLN ID>.”

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## Tracking

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For each processed item, track the following additional information:

- Status:
  - Complete – application successfully registered
  - No Application loaded - client is already active in the same program.
  - No Application loaded - escalated to DSS

## Appendix A – ImpaCT Screens/Field Mapping

Page	Section	Target Field	Target Type	Default Value	Processing Instruction	Comments
Register Application	Application Information	Application Received Date	Date	N/A	APPLN FILING DT2	
Register Application	Application Information	Application Signed	Single Select Drop Down	N/A	Yes	
Register Application	Application Information	Signature Type	Single Select Drop Down	Paper	Electronic	
Register Application	Application Information	Method	Single Select Drop Down	N/A	Online	
Register Application	Head of Household	First	Text Box	N/A	PRIM_FIRST_NA	
Register Application	Head of Household	Middle	Text Box	N/A	PRIM_MIDDLE_NA	
Register Application	Head of Household	Last	Text Box	N/A	PRIM_LAST_NA	
Register Application	Head of Household	Suffix	Single Select Drop down	N/A	PRIM_SUFFIX_CD	
Register Application	Head of Household	Written Language	Single Select Drop Down	English	PRIMARY PREFERRED LANGUAGE	
Register Application - Address	Address Information	Mailing address different than residential address?	Check Box	N/A	No	
Register Application - Address	Residential Address Information	No Home Address	Check Box	N/A	No	
Register Application - Address	Residential Address Information	Address Format : US/Canada	Radio Button	Default Selected	US	
Register Application - Address	Residential Address Information	Address Line 1	Text Box	N/A	PRIM_MAIL_ADDR_LINE_1_TX	
Register Application - Address	Residential Address Information	Address Line 2	Text Box	N/A	PRIM_MAIL_ADDR_LINE_2_TX	
Register Application - Address	Residential Address Information	City	Dropdown	N/A	PRIM_MAIL_CITY	
Register Application - Address	Residential Address Information	State/Province	Drop Down List	Connecticut	PRIM_MAIL_STATE	
Register Application - Address	Residential Address Information	Zip/Postal Code	Text Box	N/A	PRIM_MAIL_ZIP_CODE	
Register Application - Address	Residential Address Information	In Care Of	Text Box	N/A	Empty	
Register Application - Address	Mailing Address Information	Address Format : US/Canada	Radio Button	Default Selected	Check	
Register Application - Address	Mailing Address Information	Address Line 1	Text Box	N/A	PRIM_MAIL_ADDR_LINE_1_TX	
Register Application - Address	Mailing Address Information	Address Line 2 / PO Box	Text Box	N/A	PRIM_MAIL_ADDR_LINE_2_TX	

Page	Section	Target Field	Target Type	Default Value	Processing Instruction	Comments
Register Application - Address	Mailing Address Information	State/Province	Drop Down List	Connecticut	PRIM_MAIL_ST ATE, PRIM_MAIL_CITY	
Register Application - Address	Mailing Address Information	Zip/Postal Code	Text Box	N/A	PRIM_MAIL_ZIP_CODE	
Register Application - Address	Mailing Address Information	In Care Of	Text Box	N/A	Blank	
Register Application - Address	Phone Details	Phone Type	Drop Down List	N/A	SUBSCR HOME PHONE, SUBSCR CELL PHONE, SUBSCR OTHER PHONE, SUBSCR WORK PHONE	Put all 4 if possible.
Register Application - Address	Phone Details	Phone #	Text Box	N/A	SUBSCR HOME PHONE, SUBSCR CELL PHONE, SUBSCR OTHER PHONE, SUBSCR WORK PHONE	Put all 4 if possible.
Register Application - Address	Phone Details	Comments	Text Area	N/A	Blank	
Address Validation Modal	Address Validation Modal	Use the suggested address	Radio Button	N/A	Use suggested unless major diversion from entered address.	
Address Validation Modal	Address Validation Modal	Use the address you entered	Radio Button	N/A	Use suggested unless major diversion from entered address.	
Register Application - Type	Application Type	Is this an Application for Assistance?	Single Select Drop Down	'Yes'	Yes	
Register Application - Type	Application Type	Is this a Spousal Assessment for a non-Medicaid applicant?	Single Select Drop Down	'No'	No	
Register Individual - Individual	Search Individual Information	SSN	Text Box	N/A	APPLIC_SSN_TX	
Register Individual - Individual	Search Individual Information	Client ID	Text Box	N/A	Leave blank. Search by SSN.	
Register Individual - Individual	Individual Name	First	Text Box	N/A	APPLIC_FIRST_NA	
Register Individual - Individual	Individual Name	Middle	Text Box	N/A	APPLIC_MIDDLE_NA	
Register Individual - Individual	Individual Name	Last	Text Box	N/A	APPLIC_LAST_NA	

Page	Section	Target Field	Target Type	Default Value	Processing Instruction	Comments
Register Individual - Individual	Individual Name	Suffix	Single Select Drop down	NAMESUFFIX	APPLIC_SUFFIX_CD	
Register Individual - Individual	Demographic Information	Gender	Single Select Drop down	GENDER	APPLIC_GENDER	
Register Individual - Individual	Demographic Information	Date of Birth	Date	N/A	APPLIC_DOB	
Register Individual - Individual	Demographic Information	Estimated	Check Box	N/A	No	
Register Individual - Individual	Demographic Information	SSN	Text Box	N/A	APPLIC_SSN_TEXT	
Register Individual - Individual	Demographic Information	Unconfirmed SSN	Text Box	N/A	No	
Register Individual - Individual	Demographic Information	Spoken Language	Single Select Drop down	English	PRIMARY_PREFERRED_LANGUAGE	
Register Individual - Individual	Demographic Information	Interpreter Needed	Check Box	N/A	No	
Register Individual - Individual	Other Information	Do you want to create an alias or does an alias exist?	Section Header	No	No	
Register Individual - Individual	Other Information	Does the individual have Social Security Claim Number (SSCN) or Railroad Retirement Number (RRN)?	Single Select Drop down	No	No	
Register Individual - Individual	Other Information	Is there an authorized representative?	Single Select Drop down	N/A	Yes if AUTH section populated	
Register Individual - Individual	Other Information	Is this individual requesting an accommodation ?	Single Select Drop down	No	No	
Register Individual – Accommodation Request	Accommodation Request Information	Impairment type	Single Select Drop down	N/A	No impairment	
Register Individual – Accommodation Request	Accommodation Request Information	Impairment Verification	Single Select Drop down	N/A	Blank	
Register Individual – Accommodation Request	Accommodation Request Information	Accommodation Request Type	Single Select Drop down	N/A	Default to No	
Register Individual – Accommodation Request	Accommodation Request Information	Accommodation Request Date	Date	Current Date	Blank	

Page	Section	Target Field	Target Type	Default Value	Processing Instruction	Comments
Register Individual – Accommodation Request	Accommodation Request Information	Accommodation Request Comments	Text Box	N/A	Blank	
Authorized Representative - Details	Authorized Representative Dates	Circumstances Start/Change Date	Text Box	N/A	Don't touch	System will default to 3 months prior to app date
Authorized Representative - Details	Authorized Representative Dates	End Date	Text Box	N/A	Blank	
Authorized Representative - Details	Authorized Representative Information	Authorized Representative Type	Single Select Drop down	N/A	Responsible Person	
Authorized Representative - Details	Authorized Representative Information	First	Text Box	N/A	AUTH_FIRST_NA	
Authorized Representative - Details	Authorized Representative Information	Middle	Text Box	N/A	AUTH_MIDDLE_NA	
Authorized Representative - Details	Authorized Representative Information	Last	Text Box	N/A	AUTH_LAST_NA	
Authorized Representative - Details	Authorized Representative Information	Suffix	Single Select Drop down	N/A	AUTH_SUFFIX_CD	
Authorized Representative - Details	Authorized Representative Information	Organization	Text Box	Blank	Blank (see comment)	Unless AREP is organization
Authorized Representative - Details	Authorized Representative Information	Is a drug and alcohol treatment center acting as a SNAP authorized representative?	Single Select Drop down	Blank	No	
Authorized Representative - Details	Authorized Representative Information	AREP Type Verification	Single Select Drop down	N/A	Hard Copy	
Authorized Representative - Details	Authorized Representative Information	Signature Received	Single Select Drop down	Blank	Blank (see comment)	Only needed if an organization is AREP for client
Authorized Representative - Details	Authorized Representative Information	Should this authorized representative receive a Cash EBT card?	Single Select Drop down	NO	No	
Authorized Representative - Details	Authorized Representative Information	Should this authorized representative receive notices?	Single Select Drop down	NO	Yes	
Authorized Representative	Mailing Address	Address Format : US/Canada	Radio Button	Default Selected	US	

Page	Section	Target Field	Target Type	Default Value	Processing Instruction	Comments
ve - Details	Information					
Authorized Representative - Details	Mailing Address Information	Address Line 1	Text Box	N/A	AUTH_ADR_LINE_1_TX	
Authorized Representative - Details	Mailing Address Information	Address Line 2 / PO Box	Text Box	N/A	AUTH_ADR_LINE_2_TX	
Authorized Representative - Details	Mailing Address Information	City	Text Box	N/A	AUTH_CITY_NA	
Authorized Representative - Details	Mailing Address Information	State/Province	Drop Down List	N/A	AUTH_HOME_STATE	
Authorized Representative - Details	Mailing Address Information	Zip/Postal Code	Text Box	N/A	AUTH_ZIP_CODE	
Authorized Representative - Details	Mailing Address Information	In Care Of	Text Box	N/A	Blank	
Authorized Representative - Details	Contact Information	Phone Type	Single Select Drop Down	N/A	Other?	
Authorized Representative - Details	Contact Information	Phone Number	Text Box	N/A	AUTH_PHONE_NB	
Authorized Representative - Details	Contact Information	Comments	Text Area	N/A		
Authorized Representative - Details	Contact Information	Dyna-table - Add, Save, Delete, Edit Functions	Functionality	N/A		
Authorized Representative - Details	Contact Information	Email Type	Single Select Drop Down	N/A	None	Could potentially pull from AHCT, but not currently available.
Authorized Representative - Details	Contact Information	Email	Text Box	N/A	None	
Authorized Representative - Details	Contact Information	Comments	Text Area	N/A		
Register Program - Program	Form Type	Application Type	Single Select Dropdown Box	N/A	W1-E	
Register Program - Program	Programs Requested	Cash	Check Box	N/A	No	
Register Program - Program	Programs Requested	TFA Diversion Program	Check Box	N/A	No	
Register Program - Program	Programs Requested	Special Needs	Check Box	N/A	No	
Register Program - Program	Programs Requested	SNAP	Check Box	N/A	No	

Page	Section	Target Field	Target Type	Default Value	Processing Instruction	Comments
Program						
Register Program - Program	Programs Requested	Medical Assistance	Check Box	N/A	Yes	
Register Program - Program	Programs Requested	Tuberculosis (TB)	Check Box	N/A	No	
Register Program - Program	Programs Requested	Breast and Cervical Cancer (BCC)	Check Box	N/A	No	
Register Program - Program	Programs Requested	PE Family Planning	Check Box	N/A	No	
Register Program - Program	Programs Requested	Connecticut Organ Transplant (ConnTRANS)	Check Box	N/A	No	
Register Program - Program	Programs Requested	Medicare Savings Programs	Check Box	N/A	No	No need to select this. If Medical Assistance box is checked system will automatically evaluate for Medicare Savings Program.
Register Program - Program	Programs Requested	CADAP	Check Box	N/A	No	
Register Program - Program	Programs Requested	DCF Group	Check Box	N/A	No	
Register Program - Program	Programs Requested	DCF Group	Single Select Dropdown Box	N/A	No	
Register Program - Program	Programs Requested	Presumptive Group	Check Box	N/A	No	
Register Program - Program	Programs Requested	Presumptive Group	Single Select Dropdown Box	N/A	No	
Register Program - Program	Programs Requested	Community Based Services	Check Box	N/A	No	
Register Program - Program	Programs Requested	Protective Services for the Elderly	Check Box	N/A	No	
Register Program - Program	Programs Requested	Family Support Program	Check Box	N/A	No	
Register Program - Program	Programs Requested	Repatriation	Check Box	N/A	No	

Page	Section	Target Field	Target Type	Default Value	Processing Instruction	Comments
Program						
Register Program - Program	Programs Requested	D-SNAP	Check Box	N/A	No	
Register Program - Program	Programs Requested	SAGA Funeral Benefits	Check Box	N/A	No	
Register Program - Program	Programs Requested	Requested Start Date	Date	Application Received Date	Same as APPLN FILING DT2	
Register Program - Program	Programs Requested	Requesting Aid	Table column - Check Box	N/A	Only check the Applicant, not the Subscriber.	
Register Program - Program	Programs Requested	Coverage Request Date	Table Column - Date	Current System Date	Same as APPLN FILING DT2	
Register Program - Program	Programs Requested	Retro-Medicaid Coverage	Table column - Check Box	N/A	No	
Register Application - Summary	Application Summary	Worker Assignment	Single Select Drop down	N/A	Blank	
Register Application - Summary	Application Summary	Task Queue Assignment	Single Select Drop down	N/A	No assignment	I don't see this field
Register Application - Summary	Application Summary	Would you like to continue to Data Collection?	Single Select Drop down	N/A	No	

